

**MULTIPLE DEPENDENT  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM P. 15)

APPLICANT(S)

677257

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3						
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49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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99												
100												
TOTAL IND.	10											
TOTAL DEP.	12											
TOTAL CLAIMS	22											